



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year 2	2007.	그리다. 역사 관금방 (1887년)
LEGISLATOR INFORMATION		
Name	Member of:	
Edward D Finch Mailing address 196 Covell Koad	☑-House	☐ Senate
Mailing address	District	100 EE 14
196 Lovell Koab	8-4	
City, zip code Fairfield	Phone	
Tairtield	453-89	776
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANO	THER	
List the name and address of each employer from whom you received compensation principal type of economic activity of each employer.	of \$1,000 or mor	e. Specify the
Name of Employer Address	Principal Type Activity of	e of Economic Employer
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	1997 To brill materials amend to act more that the first of the 2016 is a management of	
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PART 2. INCOME DERIVED FROM SELF-EMPLOYMEN (For Legislators who are self-employed.)		
A. List the name and address of your business, if any, and list the major areas of ec	onomic activity fi	rom which you
derived income. If associated with a partnership, firm, professional association, or similar areas of economic activity of that entity.	ar business entity	/, list the major
The second secon	Major Areas	of Economic
Name and Address of Business Entity Major Areas of Economic Activity (self)	Act	ivity _s octation or similar
A control of the second	busines	s entity)
Name:	\$	
Address:		
Name:		and the second second
Address:	•	

PART 2 (continued). INCOME DE (For Legislators wh	RIVED FROM SELF-EMPLO	YMENT
B. List each source of income derived from self-employment that r is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of prof the entity or person from whom the income was derived.	represents more than 10% of you entity or person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		
Name:		
Address:		
	AREAS OF PRACTICE are altorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list	and the service of th	
Name and Address of Firm		actice Major Areas of Practice (firm)
Name:		
Address:		
Name:	,	
Address:	1	# 1 - 1 - 1 - 1 - 1 - 1 - 1
	OURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1,	2, or 3 of this form. Do not include	le gifts. If none, check the box.
None	in the second	
Name and Address of Source	references establish	Kind of Income (investments, leases, etc.)
Name: Maine State Retirement	System	Tracker retirement
Address:		retirement
Name:	·	
Address:		
and the state of t	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or n areas of economic activity of each creditor. Do not list loans from a		
☐ None	A STATE OF THE PROPERTY OF THE	
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:	was versioned the second secon	
Name:		
Address:		
The state of the s	ORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts none, check the box	s with an aggregate value of more	e than \$300 from a single source. If
None		e de la companya del companya de la companya del companya de la companya del companya de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya d
Name of Source of Gift 1.	Name of 3.	Source of Gift
75 77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	The second of th	The state of the s
2.	4.	*

PART 7. REPORTABLE HONORARIA					
List the source of any honoraria accepted for appearances or speeches	s related to your official duties. If none, check the box.				
LJ None					
Name of Source of Honoraria	Name of Source of Honoraria				
1. 3.	}.				
2. 4.	A MOTAL II III IVA				
PART 8. REPRESENTATION BE					
List each executive branch agency before which you represented or a the box.	assisted others for compensation of any amount. If none, check				
□ None					
Name of Agency	Name of Agency				
1. 3.	•				
2. 4.					
PART 9. BUSINESS WITH	H STATE AGENCIES				
List each executive branch agency to which you or a member of your in \$1,000 during the reporting period. If none, check the box.	mmediate family sold goods or services with a value in excess of				
None					
Name of Agency	Name of Agency				
1. 3.					
2. 4.	The state of the s				
PART 10. INCOME RECEIVED BY MEN	MBERS OF IMMEDIATE FAMILY				
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. D "D" for income received by dependents.	of \$1,000 or more received by your chouse or dependent at it.				
Type of Economic Activity Representing Source of Income Received	Circle Appropriate Kind of Income letter				
1.	S D				
2.	S D				
3.	S D				
4.	S D				
SIGNATUE	RE				
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)					
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.					
If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)					
Edward D. Denil	1/2/18				

Date

Signature

NAME:			A COLUMN CONTRACTOR OF THE COLUMN C	DATE:		
ADDRESS:	ос с с станова на применения на применения на применения на применения на применения на применения на применен			eriteria en escentro en esta e		
		e rese	ADDITIONAL	INFORMATION		
Please provide information you	any additional are providing.	information belo	w (and on addition	al sheets if needed).	Indicate the part or	section number for the
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